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44257 7590 09/25/2006

PATTERSON & SHERIDAN, LLP
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Barbara Holt	(Depositor's name)
<i>Very busy, we will be available 7/2006</i>	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,404	06/26/2003	Feng Q. Liu	AMAT/5699/P3/CMP/CMP/RKK	7966 <i>7/2</i>

TITLE OF INVENTION: METHOD AND COMPOSITION FOR POLISHING A SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				

ALEXANDER, MICHAEL P 1742 205-647000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. <u>Patterson and Sheridan</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for record as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Applied Materials, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

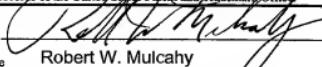
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


 Robert W. Mulcahy

Date 11-1-06

Typed or printed name

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